FOR INSTRUCTIONS, SEE BACK OF FORM	Reset For	m	FORM
DISCLOSURE SUMMARY PAC	129		DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization and Federation of Labor, AFL-CF Fund, 300 E. Locust - #260, Des	Moines 30 9	30/n	pr Office Use Only
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Candi Political Subdivision Candidate (8) County PAC (9) City PAC (10 Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	2)State PAC (3)State Party date (7)School Board or Other	s	canned computer
Candidate Name	Political Party (if applicable)		File with: lowa Ethics and Campaign
Office Sought	District (if Senate or House)		Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701
Late reports are subject to possible civil and criminal penalties. Purs the candidate, for a candidate's committee, and the chairperson, for	uant to Iowa Code section 68B.32	A(7) L	
individual responsible for filing timely and accurate reports.	any other type of committee, is th	е	
Deane Smith	265-1862		6-30-09
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
Statewide PAC			
Statewide PAC 1.1.09 to 6.30.09	REPORT FOR (1) ELECTION /(2	NON-ELE	CTION YEAR.
(report date)	Indicate by #	2	
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter Date of Election
Charliff this is faul (1)			
Check if this is final (termination) report and attach Notice of Disso (You must continue to file reports until a DR-3 is filed.)			Local Committees, enter County in
		which Ele	ction is held
		· - · · · · · · · · · · · · · · · · · ·	
STATEMENT	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total of all committee. This amount MUST be the same as the cash or of the last reporting period or must be zero if this is first re	hand at the end	s	5309.93
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	•	
Schedule A: Cash Contributions total (Attach Schedule A)	(*also see in-kind below)		1693.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attach Sch			
(Schedule H applies to Candidates' Committ			
	ees Only)		
SUPPLACE TOTAL MONEY OPENET THE PERIOR	SUB-TOTAL	\$	7002.93
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	SUB-TOTAL	•	7002.93
Schedule B: Expenditures total (Attach Schedule B) (**als	SUB-TOTAL		
Schedule B: Expenditures total (Attach Schedule B) (**als Schedule F: Loan Repayments total (Attach Schedule F)	SUB-TOTAL		
Schedule B: Expenditures total (Attach Schedule B) (**als	SUB-TOTAL		
Schedule B: Expenditures total (Attach Schedule B) (**also Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report bala be zero) (Attach DR-3)	SUB-TOTAL	\$	
Schedule B: Expenditures total (Attach Schedule B) (**als Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report bala be zero) (Attach DR-3)	SUB-TOTAL	\$	300.00
Schedule B: Expenditures total (Attach Schedule B) (**also Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report bala be zero) (Attach DR-3)	SUB-TOTAL	\$ \$	
Schedule B: Expenditures total (Attach Schedule B) (**als Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report bala be zero) (Attach DR-3)	SUB-TOTAL	\$ \$	300.00
Schedule B: Expenditures total (Attach Schedule B) (**also Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report bala be zero) (Attach DR-3)	SUB-TOTAL	\$ \$	300.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE **A** (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/27/09	ID# CK# 3301	South Central Iowa Federation of Labor 300 E. Locust - #260 DM IA 50305 - #260 Transfer 1/09 Gen. Account		\$ 507.14	
2/26/09	ID# CK# 3324	Same As Above Transfer 2/09 Gen. Account		158.06	
3/26/09	ID# CK# 3349	Same As Above Transfer 3/09 Gen. Account		190.71	
4/29/09	ID# CK# 3383	Same As Above Transfer 4/09 Gen. Account		476.78	
5/28/09	ID# CK# 3408	Same As Above Transfer 5/09 Gen. Account		168.86	
6/17/09	ID# CK# 3428	Same As Above Transfer 6/09 Gen. Account		191.45	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID#				
			SUB-TOTAL	1693.	

TOTAL (if last page of this schedule)

any relative making a contribution to the
plood relatives) and affinity (relatives by

Page 1 of 1

693.

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR	INSTRUCTIONS.	SEE BACK	OF FORM
	" 4011100110140.	OLL DMUN	OF FORING

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B MONETARY (Rev.-07/03) **EXPENDITURES**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) South Central Iowa Federation of Labor, AFL-CIO Citizenship Fund, 300 E. Locust - #260, DM,	
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Central Towa Fodoration of Tabas Aft Ofor	
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Citizonabia Pusa Toka to Taracti Matacta	
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	SARCE STATE OF THE		50309	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/15/09	ID# CK# 1025	Polk County Democrats, PO Box 5102, DM, IA 50306	Tickets For Inauguration Dinner 1/30/09	\$ 200.00
6/11/09	ID# CK# 1026	Hockensmith For Supervisor Committee 1816 E. 22nd St. DM, IA 50317	Tickets For Picnic 7/25/09	100.00
	ID#			
	CK#			
	ID#			
	CK#			
v	ID#			
	CK#			
	ID#			
	CK#			
-	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 300.00

TOTAL (if last page of this schedule)

300.00

THIS BOX	APPLIES	TO CANDI	DATES'	COMMITTEES	ONI V

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	1	of		